12192

CERTIFICATE OF DEATH

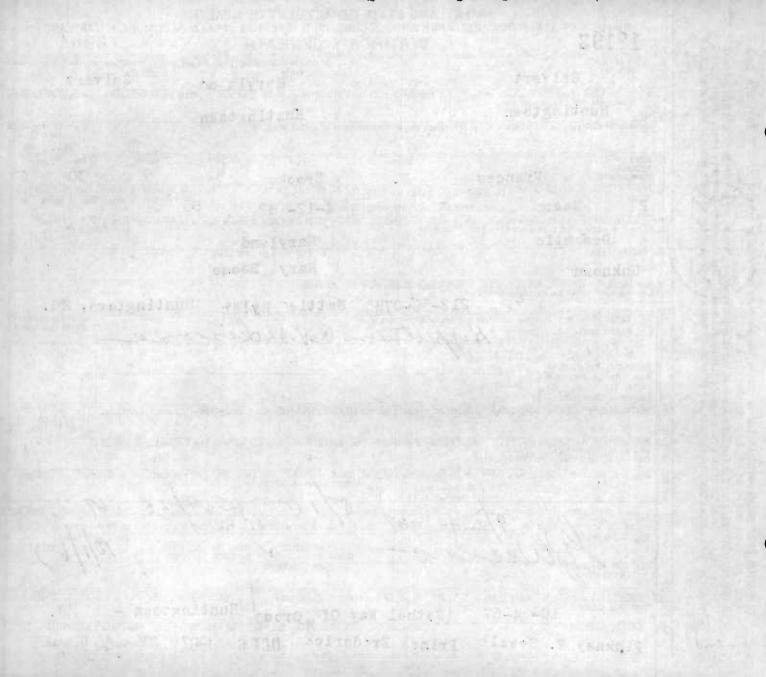
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eat	[ TE   TE		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residen	ice before odmission)
P	funeral 1 and er doe		County Cal vert MARYLAND	o. STATE Maryland b. COUNTY Ca	alvert
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4	d in Sers. 72 h		NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e. 4S RESIDENCE ON A FARM?
requires that the death certificate be executed within 24 hours after death	par hin		alvert County Hospital		YES NO
ŧ	Poor to	13	NAME OF First Middle DECEASED	Last 4. DATE Manth OF	Day Year
5	ave carbon	1)	Type or print) Annie Virginia	Barrett DEATH 9	20 19 67
) te	de e de	15.	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	
Daxe	9 0 ×		emale white WIDOWED DIVORCED	12-27-89 last birthday) Manths	Days Haurs Min.
9			USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Caunty & State, or fareign country) 12. CI	TIZEN OF WHAT
9	ase nd i	dui	ng most of working life, even if retired)  INDUSTRY	Maryland	UNTRY?
<u>5</u>		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
rtif	ling physician Then please remaval, and i		Richard Allen	Sarah McCready	
9	attending permit. The	15.		INFORMANT Address	
eath	nit.	(Ye	s, na, or unknown) (If yes give war or dates at service) 217-32-1252	Daniel Barrett Lusby, Ma	baelune
0	attend permit. ian, or			Daniel Darrect Dusby, Me	
ŧ	40		18. CAUSE OF DEATH (Enter only one cause per line of (g), (b), and (c) PART I. DEATH WAS CAUSED BY:	0 14.	INTERVAL BETWEEN ONSET AND DEATH
hat	by the ransit cremat		IMMEDIATE CAUSE (a)	barry	2
s t	d b- -t-		5 5 / X DUE TO		Show
uire	signed burial-t burial,		Canditions, if any, which gave (b) Queenaline		
red			rise to immediate cause (a), stating the underlying cause DUE TO		
No.	icate has been for use as the Health prior ta		lost. (c)		
e le	has to se as the price of the p	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
The offer	e ho	CERTIFICATION			PERFORMED?
N C	or	IFIC	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Part I ar Part II of item 18.)	
PHYSICIAN:	a de little	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
HYS Pos	his ce etache Dept.			LACE OF INJURY (Home, form, 20f. (City or town) (Cal	unty) (State)
	this eta De	MEDICAL	Haur a.m. While - Not While - fo	actory, street, office bldg., etc.)	0111) (31416)
NG >	After the be de State i	-	p.m. 19 atwark otwork		
ATTENDING			21. Lectify that (I) (this haspital) attended the deceased fram_	Oct. 17 , 19 67, to Sept. 209	<b>67</b> , that (I) (we) las
<b>E</b> .	t age		saw the deceased alive on Sept. 20 19 67 and th		
ATTEN	ECTOR: 3 shaul with th		220. SIGNATURE	ATTENDING MED. STAFF 22b. D.	ATE SIGNED
OR be re				M.D. PHYS. DIRECTOR L. PHYS. L. 9.	-20-67
	9'		22c. PHYSICIAN'S NAME (Type) RAO////////////////////////////////////	22d. ADDRESS 7	0 /11
O HOSPITAL	d b		MARIE (1946) VOED////REGI	1 ) remore	
105	director, should to	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City of Town)	(Spunty) (State)
O HO	director, po		REMOVAL (Specify) Loh. 23967 later 1	nethodies ometre - Lich (oh	est mo
-	UK	24	FUNERAL DIRECTOR	250. REC'D DY REGISTRAR CH 250 REGISTRAR'S S	IGNATURE
2	R A15 (4)	1/	110 XHILLAND IV SA. Pick Par	MA: TO DATE SEP 25 1961	as Jung
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	DIVISIO	N OF STATISTIC		YLAND STATE DE ARCH AND RECORDS			ALTIMOPE 1	MADVI AND	
	1219	3	712 11202		E OF DEATH			2204	
1.	b. CITY DR TDW write RURAL	Calvert N (if outside corporal and give nearest town tingtown	te limits,	MARYLAND c. Length of Stay in 1b	c. CITY OR TOWN (If	la nd outside corporate	b. count al	vert	
				  OSPITE , give street address	Huntin d. STREET ADDRESS	gtown		e. IS RES ON A F	
3.	NAME DF DECEASED (Type or print)	Fran	ces	Middle B.	Brooks	4. DATE DF DEATH	Month 9	Day Yes 30 19	67
5.	SEX	6. COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH	9. ACE	(In years   IF UNDE		- 4
	F	Negro	WIDOWED		4-12- 82	85t	birthday) Months	Days Hours	Min.
dur	ing most of workl	ION (Cive kind of working life, even if retirements)  **Restic**  **Restic**  **Testic**  **Testic**	done 1Db. K d) II	IND DF BUSINESS OR NDUSTRY	Marylan	district the same	reign country)   12.	CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAM				14. MOTHER'S MAID				
	Unknov				A COUNTY OF THE PARTY OF THE PA	oome		334.1	
15. (Ye	s, no, or unkown)	VER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. f service)	SOCIAL SECURITYNO.   17.	INFORMANT		Address		
			21	2-56-0788 N	lattie Kv	ler Hu	intingto	wn, Md.	
	PART I. DE	Immediate cating the last.	(a) A(y) TO (b) TO (c)	flee for (a), (b), and (c).]	C.V. SLO	lisoo	26_	INTERVAL BE	EATH
-ICAL ION	PART II. OTHER S	IGNIFICANT CONDITIO	ONS CONTRIBL	TING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL D	ISEASE CONDITION	N GIVEN IN PART 1(a	PERFOR	
CERTI	2Da. ACCIDENT DR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING THE NC TO CAUSE OF DEATHER MEDICAL EXAMINATION	TH NER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	injury in Part I o	or Part II of Item 1	8.)	
MEDICAL	20c. TIME OF I Hour a.m p.n		Year   20d. II While at work	Not While facto	CE OF INJURY (Home, fairy, street, office bldg., et		or town) (Co	ounty) (S	tate)
		ceased alive on	oitall/attende	ad the deceased from U 1902, and tha		MED. SI		the date stated DATE SIGNED	
23a	REMDVAL (Soe	10- 4-	67	J.	Of Cross	Huntin		Md.	ate)
24.	FUNERAL DIRE		. 1 1	ADDRESS	. 1		25b. REGISTRA	_	
	Pinkne	y E. Sewe	STT ]	Prince Frede	rick   DET	6 1967	Mulane	as Judge	

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CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COLINTY o. STATE b. COUNTY Calvert MARYIAND Maryland Calvert b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Rural-Prince Frederick 139 days Rural-Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital YES TO NO 3 NAME OF Middle Last 4. DATE Month Year Day DECEASED Margaret Buckler (Type or print) Jane DEATH 19 67 IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days Hours 9-12-84 WIDOWED X white DIVORCED female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, or foreign country) during most of working life, even if retired)

housewife COUNTRY? INDUSTRY Maryland

14. MOTHER'S MAIDEN NAME II S A Hemo 13. FATHER'S NAME James Edward Bowen Agnes V. Buckler WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service Agnes Buckler Prince Frederick, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO T.V. Buch disease Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Haur 'a.m. factory, street, affice bldg., etc.) Nat While ot work at wark 21. I certify that (I) (this hospital) attended the deceased fram 22 19 E. / that (1) (we) last saw the deceased alive an Sept. 22 19 67, and that death occurred at 3 1100M, fram couses and an the date stated above 220. SIGNATURE 22b. DATE SIGNED X 9-22-67 DIRECTOR M.D. PHYS PHYS. 22d-ADDRESS 22c. PHYSICIAN'S NAME (Type)

O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending FUNERAL DIRECTOR: After director, poge 3 should be filed v

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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23a.

BURIAL, CREMATION.

REMOVAL (Specify) 24. FUNERAL DIRECTOR

23b. DATE THEREOF

23c. NAME OF COMETERYOR CREMATORY

DATE SEP

3-1250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12195 12206 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Calvert Calvert MARYLAND Maryland Calvert
c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) papers. Pages I thin 72 haurs after Pages the b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Rural - Barstow .⊑ d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Calvert County Hospital YES NO X campletely fi NAME OF Middle Last 4. DATE Month Day Year OECEASEO Luster (Type ar print) OEATH September 16 Lee Carson 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED remove last birthday) Manths Days Hours Female White 5-22-85 and in any WIDOWED X OIVORCED and 10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, or fareign country) INDUSTRY COUNTRY? USA Housewife North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, attending phys B. W. Lowe Georgia Ann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or winknown) (If yes give war or dotes of service) 242-22-7072 Ruby Noland, Barstow, Maryland 18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. OEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Eiloudos oineiso IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. signed by DUE TO Q. V. A. Conditions, if any, which gave rise ta immediate cause (a), OUE TO stoting the underlying couse has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION State Dept. af Health NO certificate 20o. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (Caunty) (Stote) **DIRECTOR:** After this Haur a.m. Nat While at wark foctory, street, affice bldg., etc.) of wark 21. 1 certify that (1) (this hospital) attended the deceased fram 1966 109-15-. 19 . 19 61, that (1) (we) last directar, page 3 shauld shauld be filed with the saw the deceased alive on 9-15-67 19, and that death accurred at M, fram causes and an the date stated obave. 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) Prince Frederick, Md. Issam El Damalouii. M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (State) REMOVAL (Specify) FUNERAL OIRECTOR DATSEP 19 1967

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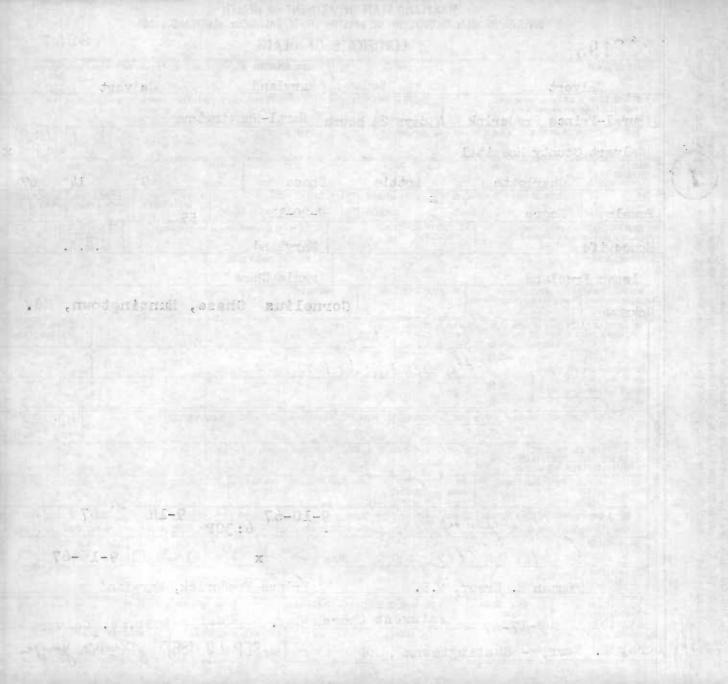
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12207 CERTIFICATE OF DEATH 24 haurs after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Maryland b. COUNTY Calvert MARYLAND Calvert b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) illed in by papers. Pages c. LENGTH OF STAY IN 1b Rural-Huntingtown days 23 hours Rural-Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Calvert County Hospital YES NO 3 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 3. NAME OF X. Middle Lost 4. DATE Month Day Year completely DECEASED 1967 (Type or print) Charlotte Lottie Chase 14 DEATH IF UNDER 1 YEAR | 1F UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** lost birthday) Months Dovs Hours in ony Female WIDOWED DIVORCED 8-20-12 Negro 11. BIRTHPLACE (County & Stote, or foreign country) and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? and Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Isaac Freeland Mamie Chew ottending parent. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT -tronsit permit. , cremation, or re Chase, Huntingtown, Md. Cornelius Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c).) the burial-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) þ DUE TO burial, Canditians, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour 'o.m. Not While foctory, street, office bldg., etc.) 19 at work of work to 9-14 1967, that (1) (we) los 21. I certify that (I) (this hospital) attended the deceased from 9-10-67, 19 saw the deceased alive an and that death occurred 6: 30PM, fram causes and an the date stated obove 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** 9-15-67 DIRECTOR M.D. PHYS. PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S Prince Frederick, Maryland Osman Z. Ersov. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) Patuxent Church Cem. Huntingtown.Md. Burial 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI VR A15 (4) 25M 1/67 Leroy E. Berry - Huntingtown . Md



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY ALVER CALVER LARYLAND MARYLAND c. CITY DR TOWN (If outside corporete limits, write RURAL end give neerest town) CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) ESEPEAKE EACH FREDERICK e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? ROAD AYSIDE YES NO CALUER NAME OF DATE Month Yeer DECEASED OF (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours DIVORCED WIDOWED 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, ewen if retired) HATHER'S NAME 14. MOTHER'S MAIDEN NAME NKNOWN UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) HYATTSVILLE, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), INTERVAL BETWEEN end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, (County) (Stete) 20d. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour e.m. work work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from ...M, from the causes and on the date stated above saw the alive on. and that death occured 22b. DATE 22e, SIGNA ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIA 22d/ ADDRESS 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. LAVOM (Specify) 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

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Ru	write RURAL ond	give nearest town)	erick	9 days					04	-/
		AL OR INSTITUTION (If no				ADDRESS	Marylan	I.O.	e. IS RE	SIDENCE
		County He							ON A	FARM?
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5.	(Type or print)	6. COLOR OR RACE	7. MARRIED	Beatrice  NEVER MARRIED	Hawk:		9. AGE (In year			9 67 DER 24 HRS
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_		Negro		DIVORCED	4-6.	-		yrs.	TEN OF MAINT	
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	Housewi					aryland		US	SA	
13.	FATHER'S NAME				14. MOTH	HER'S MAIDEN NA	ME			
	Frank	Randall	1			u	nknown			
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dotes a		SOCIAL SECURITY NO.	17. INFORMANT			Address	77.1	
(Ye	s, na, ar unknawn)	(It yes give war at dotes a	f service) 5	77-48-9250	Sanah	Harrietz	ns, Dunki	wie Mas	F	
7	18 CAUSE OF DE	ATH (Enter anly one cou			Daran	HOWKII	is, Dutiki	I'K PIRI	INTERVAL B	
	PART I. DEAT	H WAS CAUSED BY:	/	of, (o), one (c).	1stal	ussin			ONSET AND	
	14001	IMMEDIATE CAUSE		701100						
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CERTIFICATION									YES 🗌	NO [
≝∣	20o. ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter natur	re of injury in Po	rt I ar Part II af item 1	8.)	1	
(F	OR CONTRIBUTING I									
MEDICAL		RY Manth, Day, Year	20d. II	NJURY OCCURRED 2	Oe. PLACE OF INJUR	Y (Hame, form.	20f. (City or tow	n) (Cau	nty)	(State)
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230	BURIAL, EREMATIO	N, 23b. DATE THE	REOF	23c. NAME OF CEMETE	RY OR CREMATORY		23d. LOCATION (City	ar Town)	(Caunty)	(State)
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**TO FUNERAL DIRECTOR:** After this cerificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carby, papers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, yithin 72 haurs after death. . Page 4 may be retained by the haspital ar attending physician.

**IO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death

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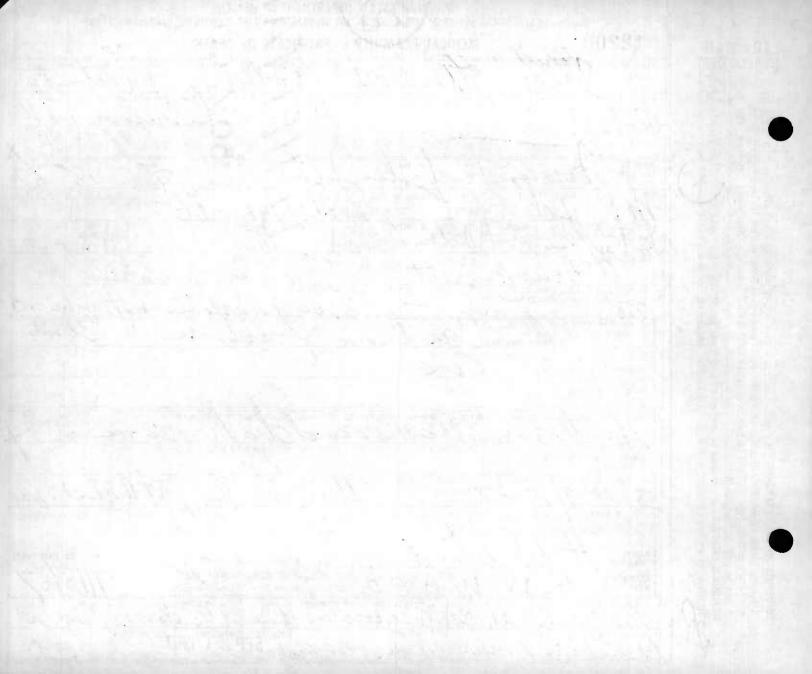
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12193 CERTIFICATE OF DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY after Calvert MARYLAND Marvland 24 hours after Calvert the CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) ģ Rural-Chesapeake Beach 55 minutes Rural-Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .⊆ d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Calvert County Hospital YES NO DC ATTENDING PHYSICIAN: The law requires that the death certificate be executed within withir 3. NAME OF Middle Lost 4. DATE Month Doy Year campletely remave carbon DECEASED 15 19 67 (Type or print) Francis Matthew Hines DEATH and in any every S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours Male White WIDOWED DIVORCED 4-18-1900 and 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if repred) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please INDUSTRY COUNTRY? attending physician permit. Then please Retired Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Elizabeth Woods Francis Hines 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Yes burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (o) by the haspital or attending physician. signed t DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse has been d far use as the af Health priar ta lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6) CERTIFICATION NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work director, page 3 shauld be constituted by the State 21. I certify that (1) (this haspital) attended the deceased fram 1963 to 0 1967, that (1) (we) last be retained 1967, and that death occurred at 2 M, from causes and an the date stated obove. saw the deceased alive an De 12 220. SIGNATURE 22b. DATE SIGNED M.D DIRECTOR PHYS PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Page 4 may NAME (Type) Prince Frederick, Maryland Page C. Jett, M.D 23o. BURHAL, CREMATION 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City or Town) (County) FINERAL DIRECTOR 2So. REC'D BY REGISTRAR 296. REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12200MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE Where dereosed lived, if institution: o. COUNTY b. COUNTY c. LENGTH OF STAY IN 16 Nate Deportme NAME OF HOSPITAL OF INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES Item 18. Give Poges NO X hours ofter death. Office along with NAME OF 4. DATE Month ithing 72 DECEASED (Type or print) DEATH 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS OF BIRTH birthday) Months Days Hours DIVORCED WINOWED event BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? poges l Chief Medical Exominer's FATHER'S NA executed within 14. MOTHER'S MAIDEN NAME ond IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no orunknown) (If yes give wor or dotes of service removal. pending 18. CAUSE OF DEATH (Enter only one couse per one for (g), (b), and PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) should word cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO certificote stoting the underlying couse PART IN THE SIGNIFICANT CONDITIONS CONTRIBUTING TO CATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? CERTIFICATION designoted agent, prior to Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED OF INJURY (Home, form, Not While moy be retoined for your FUNERAL DIRECTOR: Page 21. I certify that I taak charge at the remains described above, held an Autapsy Inspection and in my apinian Suicide death resulted from: Natural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER U ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Reolth NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 0 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATUR VR A15MB

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12201 12212 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Calvert Calvert. MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 1b Rural-Prince Frederick davs North Beach d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? orbonog t, within Calvert County Hospital YES NO To 3. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED Marv Loretta Lea 29 1967 (Type or print) DEATH eve S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED remave lost birthday) Months Hours Dovs 1-24-02 and in any white WIDOWED X DIVORCED female 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY 2 . A. District of Columbia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Catherine Conden Guy M. Roby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 217-03-8320 James W. Lea. Jr. Prince Frederick burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH ack IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse be detached far use as the State Dept. af Health priar ta lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO 20o. ACCIDENT WAS LINDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: After of work ot work 21. I certify that (1) (this haspital) attended the deceased from Sept. 19 64 to Sept. 2919 67 that (1) (we) lost director, page 3 shauld shauld be filed with the 1967, and that death accurred at 1230pM, fram couses and on the date stated above. saw the deceased alive on. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 9-29-67 M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) Prince Frederick. Maryland Osman Z. Ersov 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (County) DEMOVAL (Specify)

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24. FUNERAL DIRECTOR HANLOW FUN - Wasit. D.C.

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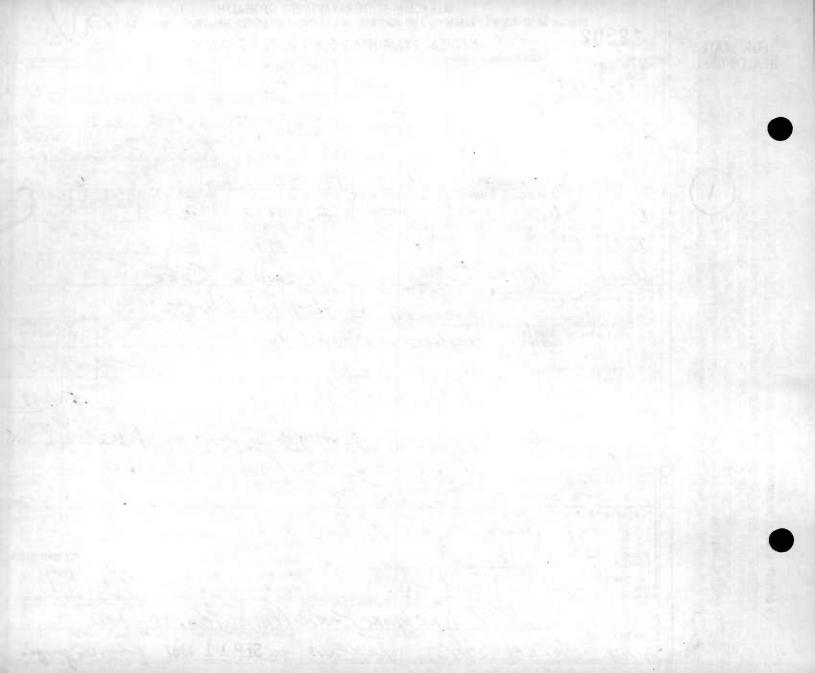
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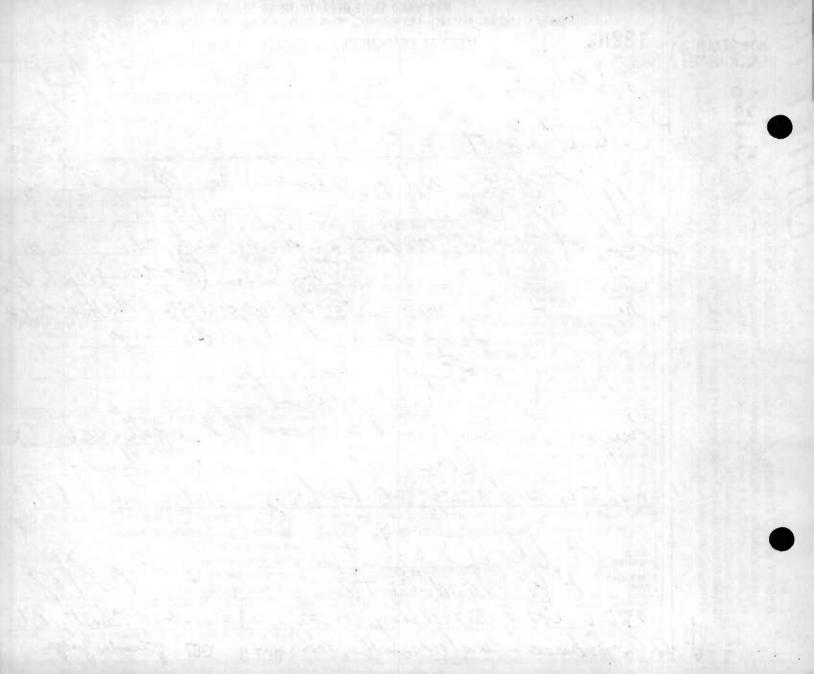
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY 3 ta Page a. STATE b. COUNTY delay is MARYLAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P. and write RURAL and give neorest town) MALTIMORE dename OF HOSPITAL OR INSTITUTION not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ate De haurs ON A FARM? NO 24 haurs after death. NAME OF Middle DATE DECEASED OF within 19 C. 7 (Type or print) DEATH alang S SEX 6. COLOR OR RACE 7. MARRIED AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Manths Haurs WIDOWED DIVORCED event gup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT ar foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? H.W. be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = REINIA and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dotes at service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address remayal, IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH d IMMEDIATE CAUSE (o) This certificate shauld crematian, DUE TO Canditians, if any, which gove rise ta immediate cause (a), stating the underlying cause farwarded burial, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 10 prior 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. shauld agent, MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, affice bldg., etc.) While FUNERAL DIRECTOR: Page 1967 please execute ot wark ot wark designated 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident X deoth resulted from: Natural couses Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health ar M.D. may Address (Street, city, town, ar county NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE A	12203 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT!	1. PLACE OF DEATH  O. COUNTY  2. USUAL RESIDENCE Office deceased lived, if institution Residence before admission)  O. STATE  D. COUNTY
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2, and PM3.	Janoly dent 2how freder of11
orm orm	d NAME OF HOSPITAL OR INSTITUTION (Ill/not in hospital give street oddress)  d. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES NO IN
Peoof A	3. NAME OF DECEASED Middle Month Day Year
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t hours Item 18 Office o Tand 2 v	IDD. USUAL O CUPPTION (Give kinds) work done IDD. KIND OF BUSINESS OR II BURTHPISCS (State or foreign country)
thin 24 h encil in Ita miner's 0 poges 1a in any e	during mon of working life, every retired) INDUSTRY Student County, Md. COUNTRY? 5 A.
INER: This certificate should be executed within 24 hours of e certificate, writing the word "pending" in pencil in Item 18, should be forwarded to the Chief Medicol Examiner's Office of files.  3 should be used as a burial-transit permit. File pages land 2 wint, prior to burial, cremation, ar removal, and in any event w	13. FATHER'S NAME  14 MOTHER'S MANDEN RAME  14 MOTHER'S MANDEN RAME  15 TO THE STATE OF THE STAT
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be executer "pending" hief Medicol onsit permit.	18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c).)
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Y MEDICAL please e al director retained L DIRECT its design	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. D'ATE SIGNED
o DEPUTY MED. ALL EXAM necessory, please execute the funeral director. Page 45 may be retained for your o FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S HW Ward-Calvert Address (Street, city, town, or county)
TO DE the f	230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote)
- OH	24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
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23c. NAME OF CEMETERY OR CREMATORY

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23d. LOCATION (City or Town)

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25o. REC'D BY REGISTRAR

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23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

REMOVAL (Specify)

23b. DATE THEREOF

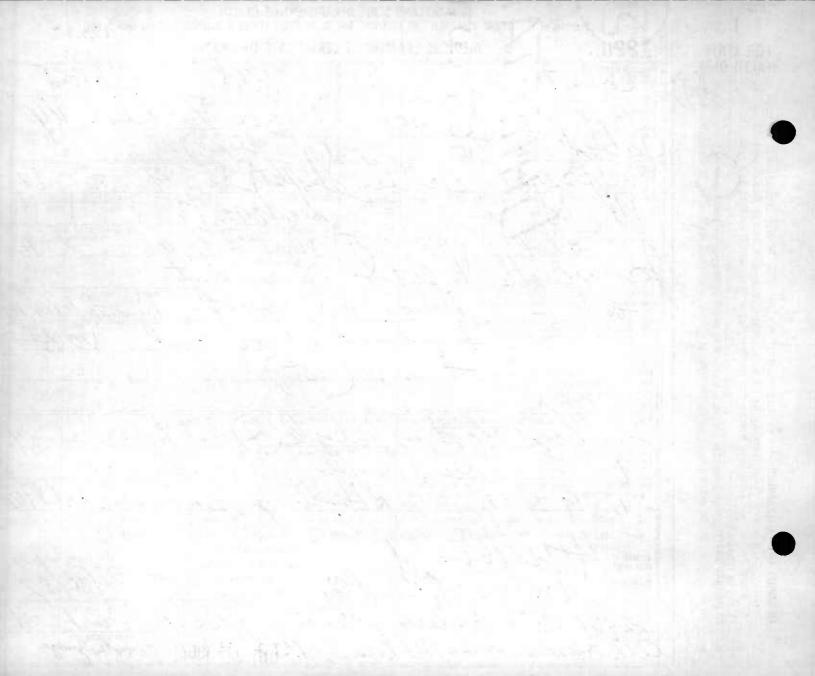
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ATTENDING PHYSICIAN. The law requires that the death certificate be executed within retained by the hospital or attending physician.  GTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove capen, with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with					line for (a), (b), and (	(c).]				1 INT	ERVAL BE	TWEEN
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ATTENDING PHYSICIAN: The law retained by the hospital or attension. After this certificate has should be detached for use as with the State Dept. of Health price.	CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJU	JRY OCCU	RRED. (Enter nature o	f injury in Par	t I or Part II of			III L
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ING PHYSIC d by the hos After this co i be detache State Dept.	MEDICAL	20c. TIME OF Hour a.	INJURY Month, Day	y, Year   20d. Whii		20e. PLAC	CE OF INJURY (Home, f y, street, office bldg.,	arm, 20f. (0 etc.)	ity or town)	(County)	(3	State)
d by Afte d be sta	ME		m. 1	9 at wo	rk at work	from C	ept. 9 ,1	067 10	C	210 67	that (1) (s	wa) le
O HOSPITAL OR ATTEND Page 4 may be retained of FUNERAL DIRECTOR: A director, page 3 should should be filed with the			ceased alive on_		13 1967.	and that	death occurred at	2:15eM, from	n the causes a	319 67, and on the da	ite stated	l abov
OR AI De re JIRECT See 3 sed with		22a. SIGNATU		1.0	/			MED.		22b. DATE S	IGNED	
TTAL C may b RAL Di r, page		22c. PHYSICIA	AN'S	10	un/	M.D.	PHYS. 22d. ADDRESS	DIRECTOR _	STAFF PHYS.	9-13-6	27	
SPIT NER		NAME (T	Osman	Z. Ers	soy /	11		e Fred	erick,	Maryla	ind	
TO HOSPITAL Page 4 may TO FUNERAL director, pa	23a.	BURIAL, CREM	MATIDN, 23b. DATI	E THEREOF	23c. NAME OF C	EMETERY		23d. L00	ATION (CITY, toy	or county)	Tredes	Wek.
- BR/	24.		9-1	3-61	ADDRESS	140	125a. RE	C'D BY REGIS	TRAR   25b. RE	CO.	NATURE	] •
VR A15 (4)	1	inkne	4 E Sen	ell	PrinceFr	eder	1ck DATES!	P 20	1961 /	harles	Judge	4

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12206 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where decrased lived, if institution: Pesidence by a. COUNTY o. STATE b. COUNTY MARYLAND delay (If autside carparate limits. c. LENGTH OF STAY IN 1b OR TOWN (If outside corparate lip offer d. STREET ADDRESS A FARM? Give Poges YES oto NAME OF DATE NO 72 DECEASED (Type or print Office olong DEATH E TIN S. SEX 6. COLOR OF RACE 7. MARRIED DAT IF UNDER 1 YEAR AGE Un years IF UNDER 24 HRS ast sirthday) Months WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of wark dope 1Db. KIND 12. CITIZEN OF WHAT during nost of working li COUNTRY ? in ony Examiner's within EATHER'S NAME File ond WAS DECEASED EVER IN U.S. ARMED FORCES? AL SECURITY NO INFORMANT (Yes, na, ar unknown) (If yes give war ar dates af service) removal. none 1B. CAUSE OF DEATH (Enter anly one cause per line INTERVAL BE buriol-transit PART I. DEATH WAS CAUSED BY: cremation, ar IMMEDIATE CAUSE (a) certificate should DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause used as buriol, c PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA 19. WAS AUTOPS' PERFORMED? agent, priar to 3 should b 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Hame, farm, (City or town) may be retoined for your FUNERAL DIRECTOR: Page Not While at wark at wark 21. I certify that I took charge of the remains described above, Held an Autopsy Inspection and in my opinion death resulted from: Natural couses Accident Suicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, tawn, ar county) 23g. BURIAL CREMATION 23d. LOCATION (City or Town) (Stote) 0 REC'D BY REGISTRAR REGISTRAR'S SIGNAJURI VR A15ME 1967



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

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dead one		PLACE OF DEATH			2. USUAL RESIDENCE (Where		on: Residence before admission)
by the funeral Pages 1 and naurs after death	(	O. COUNTY	a made	MAA DVI AND	o. STATE	b. COUN	
fer a fe		Calv		MARYLAND	Maryla		Calvert
the age			f outside corporate limits, give neorest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write KUR	AL and give nearest fown)
P P P P P P P P P P P P P P P P P P P	R	ural -Pr	ince Frede	erick D.O.A.	Rurel -Bro	omes Isla	nd 041
n P.S.	. (	. NAME OF HOSPITA	AL OR INSTITUTION (If not	in hospital, give street oddress)	d. STREET ADDRESS	OHOO ISTA	e. IS RESIDENCE
P 9 799							ON A FARM?
= 8 E			t County F	lospital			YES NO 🔀
× 5/5		NAME OF	First	Middle		DATE Mont	h Day Year
# 4 ± 1		Type or print)	Rodger	Milbourne Wo		DEATH 9	13 19 67
200	5.			7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
ove /					3-10-09	lost birthdoy)	Months Doys Hours Min.
sicion and campletely please remove carbon , and in any event, wit		Male	White			58 yrs.	
P	100.	USUAL OCCUPATION ng most of working	(Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stot	e, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ase	auti	ng most of working	Totaled	Continuenting Mate	Man	vland	U.S.A.
ple l	13.	FATHER'S NAME	eweek	Calles Andrews	14. MOTHER'S MAIDEN NAME	yranu	I UADARA
ohy va							
The D			Milbourne		Bertie Ho	rseman	
din din			R IN U.S. ARMED FORCES? (If yes give wor or dotes of s		7. INFORMANT	Addre	SS
mi mi	٠.			211/-16-18/da h	atherine P. W	oolford	same
signed by the attending physician and campletely filled in by the burial-transit permit. Then please remove carbon papers. Pages burial, crematian, ar removal, and in any event, within 72 haurs after the property of the pr		18 CALISE OF DE	ATH (Finter only one course	per line for (o), (b), ond (c) Corons	ACHOT THE T. W	OOLLOIG	INTERVAL BETWEEN
the sit		PART I. DEAT	H WAS CAUSED BY:	Corons	ary Occlusion		HANGE GIVE TOOK
by fran crem		110 - 1	IMMEDIATE CAUSE (o	)			30
signed by the burial-transit burial, cremat		4201	DUE TO	) II	O W	-	V
signed burial-t burial,		Conditions, if ony,		nyper	tensive C. V.	ν.	Years
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19 e		stoting the under	lying couse (c				
as the							I 10 WAS AUTODSY
S d	Z	PART II. OTHER SI	GNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED 1	O THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
· 書 人	ATI(			=			YES NO 🔀
rificate has been d far use as the af Health priar to	CERTIFICATION	20o. ACCIDENT WAS		20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I	or Port II of item 18.)	
T-pto	ER	OR CONTRIBUTING (IF EITHER, NOTIFY					
this certi detached e Dept. a				20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
his De De	MEDICAL	Hour o.r	JRY Month, Doy, Yeor		foctory, street, office bldg., etc.)	zoi. (city of lowil)	(county) (store)
t d d	W	p.r	n. 19	of work of work	,		
202		21 Leoutil	v that (1) (this haspi	tal) attended the deceased fram	July 20 , 196	1, to 9-	12-167_, that (I) (we) las
Sol		ZI. I Cellu					
A: Af		saw the de	reased alive an	0-12-67 19 and t	hat death accurred at 5%	5 M. fram causes	and an the date stated above
TOR: Af		saw the de	eceased alive an	9-12-67 19 , and t	hat death accurred at 52	5 M, fram causes	
ECTOR: After this ce 3 shauld be detache with the State Dept.		saw the de	eceased alive an	9-12-67 19 , and t	ATTENDING - MED	STAFF C	and an the date stated above
<b>DIRECTOR:</b> Aft 3 shauld be ded with the St		saw the de	eceased alive an	2-12-67 19 , and t	M.D. PHYS. ATTENDING MED.	STAFF C	
AL DIRECTOR: Afpage 3 shauld be filed with the SI		saw the de 22a. SIGNATURE 22c. PHYSICIAN'S	eceased alive an	Jell	M.D. ATTENDING MED. PHYS. DIRECT	TOR PHYS.	22b. DYESIENS-67
ERAL DIRECTOR: Af		saw the de	eceased alive an	9-12-67 19 , and t	M.D. ATTENDING MED. PHYS. DIRECT	TOR PHYS.	
JNERAL DIRECTOR: Af- scror, page 3 shauld b ruld be filed with the Si	230	saw the de 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Page C.	Jett, M.D.	M.D. ATTENDING MED. PHYS. 22d. ADDRESS Prince  OR CREMAJORY.	TOR PHYS.	<sup>22b.</sup> 9E-189-67 Maryland
FUNERAL DIRECTOR: Affirector, page 3 shauld bishauld be filed with the Si	230	saw the de 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) BURIAL CREMATIC REMOTAL (Specify	Page C.	Jett, M.D.	M.D. ATTENDING MED. PHYS. 22d. ADDRESS Prince  OR CREMAJORY.	CTOR STAFF PHYS. Frederick  State Contion (City or To	22b. DyEstened—67  Maryland  (County) (Stote)
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to		saw the de 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) BURIAL EREMATIC REMOVAL (Specify	Page C.  N. 23b. DATE THER	Jett, M.D.	M.D. ATTENDING MED. PHYS. POIRECE  22d. ADDRESS  Prince  OR CREMAJORY  OF CREMAJORY  OF CREMAJORY  OF CREMAJORY	Frederick  Solomor  Solomor	Maryland  (County) (Stote)  S. Callert, Md.
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